

GRANT OF GENERAL DURABLE POWER OF ATTORNEY

10/14/09 11:00:02
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DESDOTO COUNTY, MS
JLE DAVIS, CH CLERK

Know all men by these presents, that I, **Joshua David Abbott**, a resident of Desoto County, Mississippi, with the address of 7347 Kingcrest, Olive Branch, MS 38654, being of sound and disposing mind and memory, do hereby grant unto my father, Charles Abbott, whose address is the same as mine, a general, durable, power of attorney, thereby making, constituting and appointing him/her as my true and lawful attorney-in-fact. Accordingly, he/she is empowered for me and in my name, place and stead, and on my behalf and for my use and benefits;

1. To manage, sell, lease, mortgage or otherwise dispose of or encumber any and all real estate owned by me on such terms and conditions as my attorney-in-fact shall deem fit;
2. To borrow such sums and upon such terms as may be necessary upon the security of any of my property, whether real or personal, and to give, execute and acknowledge mortgages with such powers and provisions as my said attorney-in-fact may think proper, as well as such notes or other evidence of indebtedness as is necessary to sue therewith;
3. To demand, sue for, and enforce payment of, and receive and receipt for all moneys or other property now belonging to or hereafter to belong to me;
4. To endorse and deposit all checks or other evidence of indebtedness payable to me;
5. To withdraw or draw against any funds that I may have in any bank or depository, and to invest or reinvest in such investment or securities and in such manner as my said attorney-in-fact shall deem proper;
6. To open and have access to my safe deposit box or boxes or other depositories wheresoever situate;
7. To sign my name to and execute on my behalf all checks, contracts, transfers and instruments whatsoever and generally to act as my attorney or agent in regard to all matters in which I may be interested or concerned, and **to do all acts** and things as fully and effectively in all respects as I myself could do if personally present, with full power of substitution and revocation.
8. To make, on my behalf, any and all **health care decisions** she deems appropriate.

This power of attorney shall **not be affected by my subsequent disability or incapacity, or lapse of time.**


Joshua David Abbott, Grantor


Charles Abbott, Attorney in Fact

Sept 24, 2009
Date
9/24/09
Date

** Prepared By & Return To:*
Charles Abbott
P.O. Box 1040
Olive Branch, MS 38654

STATE OF: MISSISSIPPI
COUNTY OF: DESOTO

On this the 24ND day of September, 2009, personally appeared before me, the undersigned notary public, within and for the said county and state, the within named affiants who, being first sworn acknowledged that they signed, and delivered the above and foregoing instrument on the day and year therein mentioned and for the purposes, contained therein.

My commission expires:


Notary Public

GINNY S. BARNETT
Mississippi Statewide Notary Public
My Commission Expires August 20, 2010

